	PATI	ENT APPLIC	REC	ORD	1	Application or Docket Number								
						563536								
		CLAIM	S AS FILEC		1	(Column 2)		SMALL ENTI			ОТ		HER THAN	
U	S. NATIONA	AL STAGE FEE:		(Column 1)		(Coldinal 2)		RATE F		7	Γ	RATE FE		
B/	ASIC FEE		SMALL E	SMALL ENT. = \$ 150		RGE ENT. = \$ 300	1	BASIC FEE		a c	R BASI	C FEE	-	
EX	AMINATION	FEE	1	Satisfies PCT Article 33(1)		other situations = \$ 100 / \$ 200	1	EXAM FEE			EXA	N FEE	 	
SE	ARCH FEE		U.S. is ISA ALL other.	(4) = \$50/\$100 U.S. is ISA = \$50/\$100 ALL other.countries = \$ 200/\$400		Alt other situations = \$ 250 / \$ 500		SEARCH FEE: 2004		1	SEARCH FEE			
FE	E FOR EXTR	A SPEC. PGS.		minus 100 =		/ 50 =		X \$ 125 =		=	- X 1	250 =		
TO	TAL CHARGE	ABLE CLAIMS	35	35 minus 20 = .		15	lt	X \$ 25 =		Po	R X	X \$ 50 =		
INDEPENDENT CLAIMS			5			2		X \$ 100 =	375	7	R XS	200 =		
MU	LTIPLE DEPE	NDENT CLAIM P					+ \$ 180 =		1	OF	₹ +\$	360 =		
• #	* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL	1005	954 OR		OTAL		
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST REMAINING NUMBER PRESENT						Γ	SMALL	ADDI- TIONAL	OF	s s		THAN- ENTITY ADDI- TIONAL	
AMENOMENT A	Misla	AFTER AMENDMENT		PREVIOL PAID F		EXTRA	┨┟		FEE				FEE	
NOME	Total	.35	Minus	-35	_	=		X \$ 25 =		OR	X\$	50 =		
AME	independent	15	Minus	5			Ľ	(\$ 100 =		OR	X\$2	200 =		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						<u> </u>	\$ 180 =	-	OR	+\$3			
							10	FEE		OR	FE			
(Column 1) (Column 2) (Column 3)														
92 E		CLAIMS REMAINING AFTER AMENOMENT		HIGHES NUMBER PREVIOUS PAID FOR	R ELY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RAT	ΓE	ADDI- TIONAL FEE	
N T	rotal .	•	Minus	••		=	×	\$ 25 =		OR	X \$ 5	0 =		
AMENDMENT	ndependent	•	Minus			=	X	\$ 100 =		OR	X \$ 20	00 =		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLA			UM		1	\$ 180 =		OR	+ \$ 36	60 =			
										OR TOTAL ADDIT.				
		nn 1 is less than the												
***	he "Highest Nur	mber Previously Pald mber Previously Pald ber Previously Pald (FOR IN THIS SPA	ACE is less tha	n T, e	inter 3.	he app	roprizte box i	s column 1,					

FORM PTO-876 (Rev. 02/2005)

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